



H.V. Investigations

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New Client Information

Full Name: _____ Date: _____
Street Address: _____ City/ZIP: _____ State: _____
Home Phone: _____ Cell: _____ Email: _____
D.O.B: ____/____/____ Drivers License #: _____ S.S.N: ____ - ____ - ____

Services & Fees:

Initial Consultation with a Licensed Investigator (half hour) 75.00

Before we accept any investigation, it is essential that you be interviewed by one of our Licensed Investigators to determine the special needs of your case and provide you with a realistic idea of the services that we are able to provide. If we accept your case, the consultation fee will be credited to your investigation. The investigator will also estimate the projected expense of your investigation and the amount of time it will take.

Database Research & People Locator(per search) 250.00

Using the exclusive resources of H.V. Investigations, we can compile a computer printout of any name, address, or social security number (only first five #). This information will usually include the person's address, past addresses, and the names of other persons associated with that person, their address or their social security number. H.V. Investigations has the right to refuse handing over material and information such as a social security number.

Read Carefully

This form is a part of the contract that will be signed. If any part of this form is filled out incorrectly or with known false/fraudulent information, the contract is null and void, and you will lose a part or all of the retainer money.

Have you ever hired a private Investigator in the past? _____
If yes, was it regarding this case? _____
Why did the investigation cease? _____

Do you have a restraining order against you? _____

Primary Subject's Information

Full Name: _____ D.O.B: ____/____/____
Street Address: _____ City/Zip: _____ State: _____
Home
Phone #: _____ Mobile: _____ S.S.N: ____/____/____
Relationship to Subject: _____ Drivers License: _____
Vehicle License & Description: _____
Subject's:
Gender: _____ Race: _____ Age: _____ Height: _____ Weight: _____ Hair: _____
Eyes: _____ Identifying Marks or Tattoos: _____

Does the subject have a criminal record? _____
Does subject own or carry any weapons? _____
If yes what type? _____

Secondary Subject's Information

Full Name: _____ D.O.B: ____/____/____
Street Address: _____ City/Zip: _____ State: _____
Home
Phone #: _____ Mobile: _____ S.S.N: ____/____/____
Relationship to Subject: _____ Drivers License: _____
Vehicle License & Description: _____
Subject's:
Gender: _____ Race: _____ Age: _____ Height: _____ Weight: _____ Hair: _____
Eyes: _____ Identifying Marks or Tattoos: _____

Does the subject have a criminal record? _____
Does subject own or carry any weapons? _____
If yes what type? _____

Third Subject's Information

Full Name: _____ D.O.B: ____/____/____
Street Address: _____ City/Zip: _____ State: _____
Home
Phone #: _____ Mobile: _____ S.S.N: ____/____/____
Relationship to Subject: _____ Drivers License: _____
Vehicle License & Description: _____
Subject's:
Gender: _____ Race: _____ Age: _____ Height: _____ Weight: _____ Hair: _____
Eyes: _____ Identifying Marks or Tattoos: _____

Does the subject have a criminal record? _____
Does subject own or carry any weapons? _____
If yes what type? _____

Fourth Subject's Information

Full Name: _____ D.O.B: ____/____/____
Street Address: _____ City/Zip: _____ State: _____
Home
Phone #: _____ Mobile: _____ S.S.N: ____/____/____
Relationship to Subject: _____ Drivers License: _____
Vehicle License & Description: _____
Subject's:
Gender: _____ Race: _____ Age: _____ Height: _____ Weight: _____ Hair: _____
Eyes: _____ Identifying Marks or Tattoos: _____

Does the subject have a criminal record? _____
Does subject own or carry any weapons? _____
If yes what type? _____

I have read all of the above and filled out all the information to the best of my knowledge. I the under signed also promise not to use any information obtained by Hover View Investigations in any way that would be considered unlawful in the state of California.

Signature: _____ Date: _____

<u>Investigation Type</u>	<u>Interview/Statements</u>	<u>Obtain</u>
<input type="checkbox"/> Asset Search	<input type="checkbox"/> Employee	<input type="checkbox"/> WCAB Records
<input type="checkbox"/> Background	<input type="checkbox"/> Co-Workers	<input type="checkbox"/> Personnel Records
<input type="checkbox"/> Criminal	<input type="checkbox"/> Witnesses	<input type="checkbox"/> Wage Records
<input type="checkbox"/> Missing Person	<input type="checkbox"/> Employer	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Medical Authorization
<input type="checkbox"/> Process Service	<input type="checkbox"/> Doctors(s)	<input type="checkbox"/> Physical Evidence
<input type="checkbox"/> Skip Trace	<input type="checkbox"/> Third Party(s)	<input type="checkbox"/> Police Reports
<input type="checkbox"/> Surveillance	<input type="checkbox"/> Police Reports	<input type="checkbox"/> Death Certificate
<input type="checkbox"/> Undercover	<input type="checkbox"/> Other _____	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Case Outline:

Estimated Costs:

+QM Hours _____ +@225 _____ +FA Hours _____ +@95 _____ +Research _____

+Documents _____ +Court _____ +Report _____ +Mileage _____ +@\$.65 _____

=Total _____

Goals:

1. _____
2. _____
3. _____
4. _____
5. _____

